



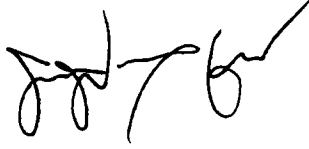
State of Wisconsin
Department of Health and Social Services

DIVISION OF HEALTH
1 WEST WILSON STREET
P. O. BOX 309
MADISON WI 53701-0309

MEMORANDUM

DATE: June 1, 1996

TO: All Wisconsin Medicaid-certified School Based Services Providers

FROM: Peggy L. Bartels, Director
Bureau of Health Care Financing 

RE: Wisconsin Medicaid Provider Handbook, Part X

Enclosed is the first issue of the Wisconsin Medicaid Provider Handbook, Part X, for School Based Services (SBS). Wisconsin Act 27, Laws of 1995, the biennial budget, established the SBS benefit. The benefit allows schools to bill Wisconsin Medicaid for medically necessary services provided to Medicaid-eligible children under age 21, or for any school term during which the individual became 21 years old. This benefit is effective for dates of service on and after July 1, 1995.

The Medicaid Managed Care Statewide Advisory Group (SWAG) on school services was instrumental in the development of this Medicaid benefit. The SWAG represents numerous CESAs, school districts, and organizations. In addition, other internal and external planning committees were involved in the development, including the Department of Public Instruction and the Bureau of Health Care Financing. Additional information was also collected from other states already providing the benefit.

Under state and federal regulations, Medicaid claims and adjustment requests for services must be received by Medicaid's fiscal agent (EDS) within 365 days from the date the service is provided. A request was made to the federal government to allow retroactively certified providers an additional year to submit bills and adjustments, but the request was denied. Therefore, retroactively certified providers must adhere to the standard 365 day claims submission deadline. For additional information, refer to Section IX in Part A, the all-provider handbook.

Attached are the statewide rates for certified SBS providers. The rates are effective for dates of service on and after July 1, 1995, and remain in effect until further notice. These rates are the same for school districts and CESAs, and are listed by procedure code and unit of service.

You will find this handbook helpful in getting your claims paid quickly and efficiently and in resolving billing problems you encounter. We will communicate future changes to the SBS benefit through various methods, including Wisconsin Medicaid *Updates*, handbook replacement pages, or a completely revised handbook.

PB:cw
Enclosure

Wisconsin Medicaid School Based Services Benefit
Statewide Rates, Per Procedure Code
Effective July 1, 1995

Procedure Codes	Descriptions	Rate ¹ Billed to Medicaid, Per Unit ²	Rate Paid, Per Unit ²
Speech, Language, Audiology and Hearing Services			
W6050	IEP Speech, Language, Audiology and Hearing Service, Individual	\$23.24	\$8.32
W6051	IEP Speech, Language, Audiology and Hearing Service, Group	\$7.67	\$2.75
W6052	Speech, Language, Audiology and Hearing Service, Face-to-Face M-Team Assessment and IEP Plan Development	\$23.24	\$8.32
Occupational Therapy Services			
W6053	IEP Occupational Therapy Service, Individual	\$20.12	\$7.21
W6054	IEP Occupational Therapy Service, Group	\$6.64	\$2.38
W6055	Occupational Therapy, Face-to-Face M-Team Assessment and IEP Plan Development	\$20.12	\$7.21
Physical Therapy Services			
W6056	IEP Physical Therapy Service, Individual	\$23.30	\$8.34
W6057	IEP Physical Therapy Service, Group	\$7.69	\$2.76
W6058	Physical Therapy, Face-to-Face M-Team Assessment and IEP Plan Development	\$23.30	\$8.34
Psychological Services			
W6059	IEP Psychological Service, Individual	\$20.76	\$7.43
W6060	IEP Psychological Service, Group	\$6.85	\$2.45
W6061	Psychological Service, Face-to-Face M-Team Assessment and IEP Plan Development	\$20.76	\$7.43
Counseling Services			
W6062	IEP Counseling Service, Individual	\$19.91	\$7.13
W6063	IEP Counseling Service, Group	\$6.57	\$2.35
W6064	Counseling Service, Face-to-Face M-Team Assessment and IEP Plan Development	\$19.91	\$7.13
Social Work Services			
W6065	IEP Social Work Service, Individual	\$20.02	\$7.17
W6066	IEP Social Work Service, Group	\$6.61	\$2.36
W6067	Social Work, Face-to-Face M-Team Assessment and IEP Plan Development	\$20.02	\$7.17
Nursing Services			
W6068	IEP Nursing Service, Care and Treatment	\$11.18	\$4.00
W6069	Nursing Service, Face-to-Face M-Team Assessment and IEP Plan Development	\$11.18	\$4.00
M-Team Assessment, IEP Plan Development, By Other School Staff			
W6070	Face-to-Face M-Team Assessment and IEP Plan Development, Other Staff	\$20.84	\$7.46
Durable Medical Equipment			
W6072	Durable Medical Equipment (attach item name/model number/description, and the receipt/invoice/cost)	Cost ³	Individually Priced
Special Transport			
W6073	Special Transport, per mile	\$2.11	\$0.76

¹ This is also the statewide cost per unit.

² Medicaid units of service definitions: Nursing Services - 10 minutes = 1 unit; Durable Medical Equipment - 1 piece of equipment = 1 unit; Special Transportation - 1 mile = 1 unit; all other services - 15 minutes = 1 unit

³ Bill the cost of the equipment.

An outline map of the state of Wisconsin, showing its irregular borders and the Door Peninsula on the right side. The map is centered on the page.

Wisconsin Medicaid Provider Handbook

Part X

School Based Services

Read all materials before initiating services to ensure a thorough understanding of Wisconsin Medicaid policy and billing procedures.

Introduction

Wisconsin Medicaid is governed by HSS 101-108, Wisconsin Administrative Code, and by state and federal law. Two parts of the Medicaid provider handbook interpret these regulations. The two parts of the handbook are designed for use with each other and with the Wisconsin Administrative Code.

Part A, the all-provider handbook, includes general policy guidelines, regulations, and billing information applicable to all types of certified providers. The *service-specific* part of the handbook includes information on provider eligibility criteria, covered services, payment methodology, prior authorization, and billing instructions. Each provider is sent a copy of Part A, the all-provider handbook, and the appropriate service-specific handbook at the time of certification.

Purchase additional copies of provider handbooks by completing the order form in Appendix 36 in Part A, the all-provider handbook.

When requesting a handbook, be sure to indicate the service provided (i.e., physician, chiropractic, dental).

Note: For a complete source of Medicaid regulations and policies, refer to HSS 101-108, Wisconsin Administrative Code. In the event of any substantive conflict between HSS 101-108 and the handbook, the meaning of the Wisconsin Administrative Code holds. Providers may purchase HSS 101-108 from Document Sales at the address in Appendix 3 of Part A, the all-provider handbook.

There are other documents, including state and federal laws and regulations, relating to Wisconsin Medicaid:

- ♦ Sections 49.43 - 49.497, Wisconsin Statutes
- ♦ Title XIX of the Social Security Act and its enabling regulations, Title 42 - Public Health, Parts 430-456

A list of common terms and their abbreviations is in Appendix 30 of Part A, the all-provider handbook, and in HSS 101, Wisconsin Administrative Code.

Part X
School Based Services
Transmittal Log

This log is designed as a convenient record sheet for recording receipt of handbook updates. Providers must delete old pages and insert new pages as instructed. Use of this log helps eliminate errors and ensures an up-to-date handbook.

Each update to Part X of the handbook is numbered sequentially. This sequential numbering system alerts the provider to any updates not received. For example, if the last transmittal number on your log is X-3 and you receive X-5, you are missing X-4. If a provider is missing a transmittal, copies of *complete* provider handbooks may be purchased by writing to the address in Appendix 36 of Part A, the all-provider handbook.

[illegible][illegible]

**School Based Services
Table of Contents**

	Page #
I. General Information	
A. Type of Handbook	X1-001
B. Provider Information	X1-001
Provider Eligibility and Certification	X1-001
Provider Authority to Subcontract	X1-002
Provider Responsibilities	X1-002
C. Reimbursement	X1-002
D. Recipient Information	X1-002
Consent	X1-002
Verifying Recipient Eligibility	X1-002
Volume Eligibility	X1-003
Recipients Enrolled In Medicaid HMOs	X1-003
Medicaid Recipients Eligible for Tuberculosis-Related Services Only	X1-003
Copayment	X1-004
II. Covered Services & Related Limitations	
A. Introduction to Covered Services	X2-001
B. Covered Services	X2-001
Treatment Goals and Care Plan	X2-001
Speech-Language, Audiology and Hearing Services	X2-002
Physical Therapy Services	X2-002
Occupational Therapy Services	X2-002
Nursing Services	X2-003
Psychological Services, Counseling and Social Work Services	X2-003
Other Developmental Testing and Assessments	X2-003
Transportation Services Requiring a Ramp or Lift	X2-004
Durable Medical Equipment (DME)	X2-004
C. Noncovered Services	X2-004
D. Communication With Other Medicaid Providers	X2-005
E. Record Keeping	X2-006
III. Billing Information	
A. Coordination of Benefits	X3-001
B. Billing Requirements and Limitations	X3-001
Face-to-Face Time	X3-001
Nonface-to-Face Time	X3-002
C. Claim Submission	X3-002
Paperless Claim Submission	X3-002
Paper Claim Submission	X3-002
Submission of Claims	X3-003
D. Follow-Up to Claim Submission	X3-003
IV. Appendices	X4-001

Part X School Based Services	Section I General Information	Issued 06/96	Page X1-001
-------------------------------------	--	-------------------------	------------------------

A. Type of Handbook

Part X, School Based Services (SBS), is the service-specific portion of the Wisconsin Medicaid provider handbook. Part X includes information for providers regarding provider eligibility criteria, recipient eligibility criteria, covered services, and billing instructions. Use Part X in conjunction with Part A, the all-provider handbook, which includes general policy guidelines, regulations, and billing information applicable to all Medicaid-certified providers. As required under education laws, SBS providers must obtain permission to provide IEP/IFSP services.

B. Provider Information

Provider Eligibility and Certification

To participate as a Medicaid provider, a school district or Cooperative Educational Service Agency (CESA) must be certified as a provider under HSS 105.53, Wis. Admin. Code. Only a school district or CESA may be certified as an SBS provider. The school district or CESA must verify that individual staff meet qualifications under PI 3, Wis. Admin. Code, or are licensed under s.441.06, s.441.10, s.459.05 or s.459.24, Wis. Stats.

When applying for Medicaid SBS certification, school districts and CESAs must identify any other Medicaid provider certification they now hold (e.g., physical therapy, therapy group or HealthCheck).

Beginning July 1, 1996, legislation requires school districts and CESAs to bill SBS-covered services (listed in Section II) delivered at the school site under their SBS certification, instead of under a duplicate provider certification. SBS certification encompasses, and therefore duplicates all of the following Medicaid provider certifications (individual and group):

- ♦ audiologist;
- ♦ nurse practitioner, group and individual;
- ♦ nurse group and individual nurse;
- ♦ occupational therapy and therapy assistant;
- ♦ physical therapy and therapy assistant;
- ♦ rehabilitation agency;
- ♦ speech and hearing clinic;
- ♦ speech pathology/therapy;
- ♦ therapy group; and
- ♦ transportation.

Group certification for the duplicate service areas listed above held by a school district or CESA will be canceled effective July 1, 1996. In addition, school districts and CESAs are not eligible for new group certification for the above duplicate service areas beginning July 1, 1996.

Providers who are certified individually for one of the duplicate service areas listed above, and have a school district or CESA listed as their payee, must reassign their payee, or their Medicaid certification will be canceled after notice. After June 30, 1996, individuals cannot be certified for the above duplicate service areas when a school district or CESA is the provider's payee.

School districts and CESAs may be Medicaid-certified for any services, such as HealthCheck screening and prenatal care coordination (PNCC), as long as those services do *not* duplicate SBS services.

Part X School Based Services	Section I General Information	Issued 06/96	Page X1-002
-------------------------------------	--	-------------------------	------------------------

B. Provider Information
(continued)

School districts may be Medicaid-certified under a CESA's umbrella certification, *or* be separately certified as a school district, but not both. CESAs applying for SBS certification, must identify the school districts included in their certification and must notify the Medicaid fiscal intermediary when these districts change.

Provider Authority to Subcontract

SBS providers may contract with agencies or individuals that are not certified under the SBS benefit to provide services at school sites. However, these services must be billed to Wisconsin Medicaid by the SBS provider.

The SBS provider is responsible for assuring all program requirements are met by subcontracted agencies or individuals.

Provider Responsibilities

Specific responsibilities as a certified provider are in Section IV of Part A, the all-provider handbook. Refer to Section IV of Part A, the all-provider handbook for information about:

- ♦ additional state and federal requirements;
- ♦ fair treatment of the recipient;
- ♦ maintenance of records;
- ♦ recipient requests for noncovered services;
- ♦ services rendered to a recipient during periods of retroactive eligibility; and
- ♦ grounds for provider sanctions.

C. Reimbursement

Statewide contract rates are set by the Department of Health and Social Services (DHSS), for all SBS covered services. On a yearly basis, providers who complete the appropriate forms will be paid according to a district-specific cost-based rate schedule.

SBS providers are required to annually certify sufficient non-federal funds to match the federal share of all Medicaid payments (local "match" money). Funding used for match must be spent on services eligible for Medicaid coverage, and provided to Medicaid-eligible children. See Appendices 9 and 10 for a sample of the form required to certify local match, and an optional worksheet to support this certification.

Provider documentation verifying the amount of matching funds that have been certified must be maintained for at least five years.

D. Recipient Information

Consent

To the extent required by federal and state education regulations, schools must have informed, written consent from a parent, guardian or adult pupil before disclosing personally identifiable information in student records to either obtain Medicaid eligibility information or to bill Wisconsin Medicaid. As required under education laws, SBS providers must obtain parental permission to provide IEP/IFSP services.

For further information, refer to the school district's confidentiality policies, or contact the Wisconsin Department of Public Instruction (DPI).

Appendix 8 contains a sample consent form for obtaining informed consent to verify Medicaid eligibility and to bill Wisconsin Medicaid.

Note: Consent must also be obtained to bill health insurance.

Part X School Based Services	Section I General Information	Issued 06/96	Page X1-003
------------------------------	----------------------------------	-----------------	----------------

D. Recipient Information
(continued)

Verifying Recipient Eligibility

Each month, Medicaid recipients receive identification cards that are valid through the end of the month issued. The identification cards include the recipient's name, date of birth, 10-digit identification number, medical status code and, when applicable, an indicator of health insurance, enrollment in a Medicaid HMO, and Medicare coverage.

Section V of Part A, the all-provider handbook, provides detailed information regarding eligibility for Wisconsin Medicaid, identification cards, temporary cards, restricted cards, and eligibility verification. *Review* Section V of Part A, the all-provider handbook, *before* billing for services. A sample identification card is in Appendix 7 of Part A, the all-provider handbook.

Volume Eligibility

If a provider cannot obtain a copy of an identification card, the provider may want to use the Medicaid Volume Eligibility System. The Medicaid Volume Eligibility system allows providers to make a large number of Wisconsin Medicaid recipient eligibility inquiries, and receive a reply to their inquiries. Providers need to contact EDS at (608) 221-4746 and ask for the Electronic Media Claims (EMC) department for further information.

Recipients Enrolled In Medicaid HMOs

SBS providers can bill Wisconsin Medicaid directly for services provided to recipients enrolled in a Medicaid HMO. These recipients receive a yellow identification card. This card has a six-character code in the "Other Coverage" column identifying the recipient's HMO. The codes are defined in Appendices 20, 21, 22, 22a, and 22b of Part A, the all-provider handbook.

For information regarding provider responsibilities when recipients are enrolled in Medicaid HMOs, refer to Section II-D of this handbook.

Medicaid Recipients Eligible for Tuberculosis-Related Services Only

Wisconsin Medicaid covers a limited range of services directly related to the treatment of tuberculosis (TB). These recipients, also known as TR recipients, are identified by the following Medicaid eligibility code medical status code, which is on the identification card:

TR Tuberculosis-related services

This information may also be obtained from the fiscal agent's eligibility information sources, including Volume Eligibility.

SBS providers may only provide TB-related nursing services to TR recipients. When doing so, the following conditions must be met:

- ♦ the service is included in the school district's or CESA's Individualized Education Program (IEP) or Individualized Family Service Program (IFSP) for the child;
- ♦ the service is medically necessary; and
- ♦ the service meets the record keeping and other requirements for SBS.

Part X School Based Services	Section I General Information	Issued 06/96	Page X1-004
-------------------------------------	--	-------------------------	------------------------

**D. Recipient
Information**
(continued)

Delivery of these services must be performed by school nursing staff or as a delegated nursing act, and must be coordinated with the individual's physician and/or the county public health department.

Section V of Part A, the all-provider handbook, defines other special benefit categories with restricted Medicaid coverage.

Copayment

Copayments are not required for SBS services.

Part X School Based Services	Section II Covered Services	Issued 06/96	Page X2-001
-------------------------------------	------------------------------------	---------------------	--------------------

A. Introduction to Covered Services

Wisconsin Act 27, Laws of 1995, the biennial budget, established the School Based Services (SBS) benefit. The benefit allows school districts and CESAs to bill Wisconsin Medicaid for medically necessary services provided to Medicaid-eligible children under age 21, or for any school term during which the individual became 21 years old. This benefit is effective for dates of service on and after July 1, 1995. As required under education laws, SBS providers must obtain parental permission to provide IEP/IFSP services.

All Medicaid-covered services must be medically necessary [HSS 101 (96m), Wis. Admin. Code.] An SBS service is medically necessary when the service meets all of the following conditions:

- ♦ identifies, treats, manages, or addresses a medical problem, or a mental, emotional or physical disability;
- ♦ is identified in a school district's or CESAs Individualized Education Program (IEP) or Individualized Family Service Program (IFSP) for the child;
- ♦ is necessary for a child to benefit from special education; and
- ♦ is referred or prescribed by a physician. Certain services may also be referred or prescribed by a nurse practitioner with prescribing authority, or a licensed Ph.D. psychologist. All referrals or prescriptions must be updated at least annually.

B. Covered Services

This section provides detailed information on the services covered under the SBS benefit. The services must be identified in the child's IEP or IFSP and certain limitations and requirements must be met. These services are:

1. speech-language, audiology and hearing;
2. physical therapy;
3. occupational therapy;
4. nursing;
5. psychological services, counseling and social work;
6. developmental testing and assessments when they result in an IEP/IFSP;
7. transportation; and
8. durable medical equipment.

Report and bill only face-to-face time for all SBS services. While consultation, monitoring and coordination are not separately payable by Wisconsin Medicaid, payment for these services is included in the reimbursement rate for the face-to-face services listed below.

Treatment Goals and Care Plan

For Wisconsin Medicaid coverage of SBS services, there must be a care plan which identifies treatment goals that are measurable and outcome-oriented. When the treatment goals identified in the IEP/IFSP are measurable and outcome oriented, the IEP/IFSP is considered the care plan. Otherwise, providers must develop a separate care plan that contains measurable and outcome-oriented goals.

Part X School Based Services	Section II Covered Services	Issued 06/96	Page X2-002
-------------------------------------	------------------------------------	---------------------	--------------------

**B. Covered Services
(continued)**

Speech-Language, Audiology and Hearing Services

Speech-language, audiology and hearing services are covered for children with speech/ language or hearing disorders that adversely affect the child's functioning. The following services are covered:

- ♦ evaluation and testing to determine the child's need for these services and recommendations for a course of treatment;
- ♦ individual therapy; and
- ♦ group therapy in groups of 2 to 7 children.

These services must have a physician's referral and be identified in an IEP or IFSP. Services must be performed by or under the direction of a licensed Department of Public Instruction (DPI)-certified speech pathologist or audiologist.

Physical Therapy Services

Covered SBS IEP/IFSP physical therapy services identify, treat, rehabilitate, restore, improve or compensate for medical problems. The following services are covered:

- ♦ evaluation and testing to determine the child's need for these services and recommendations for a course of treatment;
- ♦ individual therapy; and
- ♦ group therapy in groups of 2 to 7 children.

These services must be prescribed by a physician and identified in an IEP or IFSP. Services must be performed by or under the direction of a DPI-certified physical therapist.

Occupational Therapy Services

Occupational therapy services are covered when they identify, treat, rehabilitate, restore, improve or compensate for medical problems that interfere with age appropriate functional performance. The following services are covered:

- ♦ evaluation and testing to determine the child's need for these services and recommendations for a course of treatment;
- ♦ individual therapy; and
- ♦ group therapy in groups of 2 to 7 children.

These services must be prescribed by a physician and be identified in the IEP/IFSP. Services must be provided by or under direction of a DPI-certified occupational therapist.

B. Covered Services
(continued)**Nursing Services**

Nursing services must be relevant to the child's medical needs. Services include, but are not limited to:

- ♦ evaluation and management services, including screens and referrals for health needs;
- ♦ treatment and other measures; and
- ♦ medication management.

These services must be prescribed or referred by a physician or advance practice nurse with prescribing authority, and must be identified in an IEP or IFSP. Services must be performed by a registered nurse, licensed practical nurse or are delegated under nursing protocols.

Psychological Services, Counseling and Social Work Services

Psychological services, counseling and social work services include diagnostic or active treatments intended to reasonably improve the child's physical or mental condition. The following services are covered:

- ♦ diagnostic testing and evaluation that appraise cognitive, emotional, and social functioning and self concept;
- ♦ therapy and treatment that plans, manages and provides a program of psychological services, counseling or social work services to children with psychological or behavioral problems;
- ♦ crisis intervention;
- ♦ individual treatment, counseling and social work services; and
- ♦ group treatment, counseling and social work services in groups of 2 to 10.

These services must be prescribed or referred by a physician or licensed Ph.D. psychologist and identified in the IEP or IFSP. Services must be provided by a DPI-certified school psychologist, school counselor or social worker.

Other Developmental Testing and Assessments

Other developmental testing and assessments include activities that must be performed to determine if motor, speech-language, cognitive or psychological problems exist, or to detect developmental lags, provided the activities result in an IEP/IFSP. The following face-to-face services are covered:

- ♦ evaluations;
- ♦ tests; and
- ♦ related activities.

These services may be performed by special education teachers, diagnostic teachers and other qualified teachers. Wisconsin Medicaid also covers these services when performed by therapists, psychologists, social workers, counselors and nurses as part of their respective areas, provided these activities result in an IEP/IFSP.

Part X School Based Services	Section II Covered Services	Issued 06/96	Page X2-004
-------------------------------------	------------------------------------	---------------------	--------------------

**B. Covered Services
(continued)**

Transportation Services Requiring a Ramp or Lift

Covered transportation services are provided to children who require transportation in vehicles equipped with a ramp or lift. The need for special transportation must be identified in the child's IEP/IFSP. Both loaded (with children in the vehicle) and unloaded mileage (without children in the vehicle) may be billed to Wisconsin Medicaid. Transportation services include:

- ♦ transportation from the child's home to and from school on the same day another SBS covered service is provided in the school; or
- ♦ transportation from school to a service site and back to school or home if the other SBS covered service is provided at a non-school location, such as a hospital.

A prescription from a physician or advance practice nurse with prescribing authority is required to show the child's need for special transportation. Only transportation to a Medicaid covered service is covered.

Note: Requests for common carrier transportation (i.e., transportation in vehicles without ramps or lifts) must go to the county department of human/social services, or appropriate tribal agency. Wisconsin Medicaid reimburses county and tribal agencies for medically necessary common carrier transportation authorized by the county or tribe. Refer to HSS 107.23 (d), Wis. Admin. Code, for further information.

Durable Medical Equipment (DME)

DME is covered under the SBS benefit when:

- ♦ the need for the equipment is identified in the IEP or IFSP;
- ♦ the equipment is used by only one child; and
- ♦ the child uses the equipment at school and home (the child owns the equipment, not the school, school district or CESA).

Wisconsin Medicaid covers medically necessary equipment under the SBS benefit only when the child requires IEP/IFSP medically necessary equipment that is *not* covered under Wisconsin Medicaid's DME benefit. Contact the fiscal agent (EDS) or a Medicaid-certified DME supplier to determine if a particular item is covered by Medicaid.

C. Noncovered Services

The following services are not covered under the SBS benefit:

1. art, music and recreational therapies;
2. services that are strictly educational, vocational or pre-vocational in nature, or without a defined medical component, e.g., vocabulary development, specialized [adaptive] physical education classes, rote learning skills (counting, name printing, coin labeling);
3. services performed by providers who are not certified for SBS services;

Part X School Based Services	Section II Covered Services	Issued 06/96	Page X2-005
-------------------------------------	------------------------------------	---------------------	--------------------

C. Noncovered Services
(continued)

4. services, including school health program services, that are not in the child's IEP/IFSP;
5. general classroom instruction and programming, e.g., developmental guidance in the classroom;
6. staff development and in-services to school staff and parents;
7. general research and evaluation of the effectiveness of school programs;
8. program coordination of gifted and talented or student assistance programs;
9. kindergarten or other routine screening provided free of charge unless resulting in an IEP or IFSP referral. (Note: HealthCheck screens are billable to Wisconsin Medicaid by Medicaid HealthCheck providers, but are not billable under SBS);
10. diapering; and
11. non-medical feeding, i.e., that is not tube feeding or part of a medical program such as a behavior management program.

D. Communication With Other Medicaid Providers

When a child receives similar Medicaid services from SBS and non-SBS providers, these providers *must* communicate with each other to:

- ♦ ensure service coordination;
- ♦ avoid duplication of services; and
- ♦ facilitate continuity of care.

To ensure communication, Wisconsin Medicaid requires SBS providers to:

1. Sign joint Memorandums of Understanding (MOUs) with Medicaid-contracted HMOs serving their areas. MOUs are documents that set standards, policies and procedures to help coordinate care and avoid duplication of services.

Wisconsin Medicaid will facilitate the development of MOUs between SBS providers and Medicaid HMOs as follows:

- ♦ Wisconsin Medicaid will provide SBS providers with a complete listing of Medicaid HMOs.
- ♦ Wisconsin Medicaid will notify Medicaid-contracted HMOs when school districts and CESAs in their areas have obtained Medicaid certification as SBS providers.

Part X School Based Services	Section II Covered Services	Issued 06/96	Page X2-006
-------------------------------------	------------------------------------	---------------------	--------------------

D. Communication With Other Medicaid Providers
(continued)

2. When a child receives services from both an SBS provider and a fee-for-service non-HMO provider, the SBS provider must:
 - ♦ document regular contacts with fee-for-service providers at least annually, as appropriate for each child; and
 - ♦ cooperate with Medicaid fee-for-service providers who request copies of the child's IEP/ IFSP or components of the multi-disciplinary team (M-Team) evaluation.

Fee-for-service providers include: Medicaid clinics, rehabilitation agencies, local health departments, community mental health agencies, tribal health agencies, home care agencies and therapists.

E. Record Keeping

Certified SBS providers are required to keep the following minimum information to bill Wisconsin Medicaid. In addition, this information must be kept in the child's record for at least five years:

- ♦ the child's first name and last name, and date of birth;
- ♦ the prescription or referral for the service which must be updated at least annually;
- ♦ all documentation used to develop an IEP or IFSP (M-Team reports, test, etc.);
- ♦ the annual IEP or IFSP revision documenting the child's progress toward the treatment goals, changes in physical or mental status, and changes in the treatment plan (not required for transportation);
- ♦ the date(s) of service;
- ♦ the general service category(s) provided (e.g., nursing);
- ♦ a brief description of the specific service provided [e.g., activities of daily living (ADL) buttoning skills, range of motion (ROM) elbow, wrist, medication management];
- ♦ the unit of service delivered, including as appropriate:
 - service time for face-to-face professional services;
 - quantity of equipment;
 - miles for transportation.

(Refer to Appendix 6 of this handbook for unit guidelines.)

- ♦ a description of durable medical equipment (DME) that allows Wisconsin Medicaid to determine the reimbursement rate. (Include the item name and model number or a description, and the invoice, receipt or cost.)

Part X School Based Services	Section II Covered Services	Issued 06/96	Page X2-007
-------------------------------------	------------------------------------	---------------------	--------------------

E. Record Keeping
(continued)

- ♦ whether the service was provided in a group or individual setting;
- ♦ a brief description of the child's response to the service and progress, e.g., increased left knee extension to minus 5, (not required for transportation); and
- ♦ the signature of the individual who provided the face-to-face service.

For standard record keeping requirements, refer to Section IV in Part A, the all-provider handbook. For a sample activity log, refer to Appendix 7 of this handbook. Wisconsin Medicaid does not require a particular format for data collection.

Part X School Based Services	Section III Billing Information	Issued 06/96	Page X3-001
-------------------------------------	--	-------------------------	------------------------

A. Coordination of Benefits

Wisconsin Medicaid is the payer of last resort for any Medicaid-covered service. (Exceptions to this policy are certain governmental programs listed in Section IX of Part A, the all-provider handbook.)

If a child is covered under health insurance, Wisconsin Medicaid normally pays the remaining portion of the allowable cost remaining after exhausting all health insurance sources.

SBS providers should use the following guidelines when a Medicaid-eligible child has health insurance coverage:

- ♦ Because the following services are generally not covered by health insurance, they may be billed directly to Wisconsin regardless of health insurance coverage:
 1. counseling provided by a guidance counselor or social worker;
 2. developmental testing;
 3. school nursing;
 4. social work; and
 5. non-emergency transportation.
- ♦ If the child's health insurance contains a policy clause stating that services provided in a school setting are not covered, *all* SBS services may be billed directly to Wisconsin Medicaid.
- ♦ If the child's health insurance does cover services provided in a school setting, the SBS provider must either:
 1. Assume the costs for services that would be the responsibility of the health insurance carrier; or
 2. Bill covered services to the insurance carrier before billing Wisconsin Medicaid.

Those services that the SBS provider must either assume the cost of, or bill to the child's insurance carrier are:

- ♦ DME;
- ♦ Group or individual psychological counseling provided by a psychologist or psychiatrist; and
- ♦ The first 40 visits of group or individual occupational, physical, or speech-language therapy. Each calendar year, Wisconsin Medicaid can be billed beginning with visit 41.

When billing insurance, refer to Appendix 2 of this handbook for other insurance codes to be indicated on the HCFA 1500 claim form.

B. Billing Requirements and Limitations

Face-to-Face Time

Report and bill only face-to-face encounter time for all SBS services. Face-to-face time is the time the provider spends face-to-face with the child present in the course of providing the service. This includes:

- ♦ time to obtain and update a history with the child present;
- ♦ direct observation of the child;

Part X School Based Services	Section III Billing Information	Issued 06/96	Page X3-002
-------------------------------------	--	-------------------------	------------------------

B. Billing Requirements and Limitations (continued)

- ♦ M-Team testing and assessment with the child present; and
- ♦ delivery of the IEP therapy, psychological services, counseling, social work or nursing services.

Nonface-to-Face Time

While nonface-to-face time is not separately billable to Wisconsin Medicaid, payment is included in the reimbursement rate for the face-to-face services. Most medical providers, such as physicians, charge their patients only for face-to-face time, but include indirect costs in their charges. Nonface-to-face time is the time that providers spend in preparation and follow-up without the child present, including:

- ♦ reviewing and scoring records and tests;
- ♦ writing reports;
- ♦ monitoring and coordination of services;
- ♦ arranging for further services; and
- ♦ communication and consultation related to the M-Team or IEP service with other professionals, staff and parents.

C. Claim Submission

Paperless Claim Submission

As an alternative to submission of paper claims, the fiscal agent can process claims submitted on magnetic tape (tape-to-tape) or through telephone transmission via modem. Claims submitted electronically have the same legal requirements as paper claims. Providers submitting electronically usually reduce their claim submission errors.

Additional information on paperless claim submission is available by contacting the Electronic Media Claims (EMC) Department at:

EDS
Attn: EMC Department
6406 Bridge Road
Madison, WI 53784-0009
(608) 221-4746

Paper Claim Submission

Submit procedure codes for School Based Services on the HCFA 1500 claim form. A sample claim form and completion instructions are in Appendices 1 and 2 of this handbook.

Procedure codes for School Based Services submitted on any other paper form than the HCFA 1500 claim form are denied.

The HCFA 1500 claim form is not provided by Wisconsin Medicaid or the fiscal agent. HCFA 1500 claim forms are available from many suppliers including:

State Medical Society Services
P.O. Box 1109
Madison, WI 53701
(608) 257-6781
(800) 362-9080

Part X School Based Services	Section III Billing Information	Issued 06/96	Page X3-003
-------------------------------------	--	-------------------------	------------------------

C. Claim Submission
(continued)

Mail completed claims submitted for payment to:

EDS
6406 Bridge Road
Madison, WI 53784-0002

Submission of Claims

The fiscal agent must receive all claims for services provided to eligible recipients within 365 days from the date of service. This policy applies to all initial claim submissions, resubmissions, and adjustment requests.

Exceptions to the claim submission deadline and the requirements for submission to Late Billing Appeals are in Section IX of Part A, the all-provider handbook.

D. Follow-Up to Claim Submission

Providers are responsible for initiating follow-up procedures on claims submitted to the fiscal agent. Processed claims appear on the Remittance and Status Report either as paid, pending or denied. Providers are advised that the fiscal agent takes no further action on a denied claim until the information is corrected and the claim is resubmitted for processing. If a claim was paid incorrectly, the provider is responsible for submitting an adjustment request form to the fiscal agent. Section X of Part A, the all-provider handbook, includes detailed information about:

- ♦ the Remittance and Status Report;
- ♦ adjustments to paid claims;
- ♦ return of overpayments;
- ♦ duplicate payments;
- ♦ denied claims; and
- ♦ Good Faith claims filing procedures.

**School Based Services
Appendices**

	Page #
1. National HCFA 1500 Claim Form Sample	X4-001
1A. National HCFA Claim Form (Completed) Sample	X4-003
2. National HCFA 1500 Claim Form Completion Instructions for School Based Services	X4-005
3. Medicaid Allowable Type of Service (TOS) and Place of Service (POS) Codes	X4-009
4. Wisconsin Medicaid Allowable Procedure Codes	X4-011
5. Diagnosis Codes	X4-013
6. Service Units for School Based Services	X4-015
7. Optional School Based Services Activity Log	X4-017
8. Sample Authorization to Access Medicaid Funds	X4-019
9. Local Education Agency Certification of Matching Funds for School Based Services Medicaid Reimbursement	X4-021
10. Optional Worksheet for Determining Local Match	X4-023
11. Electronic Media Claims (EMC) Screen	X4-025
12. Electronic Media Claims (EMC) Screen (Completed)	X4-027
13. Wisconsin Medicaid Electronic Information Request Form	X4-029
14. Quick Guide to Obtaining Medicaid Electronic Claim Information.	X4-031

Appendix 1
National HCFA 1500 Claim Form Sample

HEALTH INSURANCE CLAIM FORM									
<div style="display: flex; justify-content: space-between;"> PICA PICA </div>									
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> CHAMPUS <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN (SSN or ID) <input type="checkbox"/> FECA BLK LUNG (SSN) <input type="checkbox"/> OTHER <input type="checkbox"/>					12. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)				
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)					3. PATIENT'S BIRTH DATE MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>				
5. PATIENT'S ADDRESS (No., Street)					6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>				
7. INSURED'S ADDRESS (No., Street)					8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/> Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>				
CITY STATE ZIP CODE TELEPHONE (Include Area Code)					CITY STATE ZIP CODE TELEPHONE (INCLUDE AREA CODE)				
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)					10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (CURRENT OR PREVIOUS) YES <input type="checkbox"/> NO <input type="checkbox"/> b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> PLACE (State) _____ c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>				
a. OTHER INSURED'S POLICY OR GROUP NUMBER					11. INSURED'S POLICY GROUP OR FECA NUMBER				
b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>					a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>				
c. EMPLOYER'S NAME OR SCHOOL NAME					b. EMPLOYER'S NAME OR SCHOOL NAME				
d. INSURANCE PLAN NAME OR PROGRAM NAME					c. INSURANCE PLAN NAME OR PROGRAM NAME				
10d. RESERVED FOR LOCAL USE					d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, return to and complete item 9 a-d.				
<p style="text-align: center;">READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.</p>									
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED _____ DATE _____									
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____									
14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)					15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY				
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY					17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE				
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY					17a. I.D. NUMBER OF REFERRING PHYSICIAN				
19. RESERVED FOR LOCAL USE					20. OUTSIDE LAB? YES <input type="checkbox"/> NO <input type="checkbox"/> \$ CHARGES _____				
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)					22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.				
23. PRIOR AUTHORIZATION NUMBER					24. A DATE(S) OF SERVICE To B Place of Service C Type of Service D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS I MODIFIER E DIAGNOSIS CODE F \$ CHARGES G DAYS OR UNITS H EP/SD/ Family Plan I EMG J COB K RESERVED FOR LOCAL USE				
25. FEDERAL TAX I.D. NUMBER SSN EIN					26. PATIENT'S ACCOUNT NO.				
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES <input type="checkbox"/> NO <input type="checkbox"/>					28. TOTAL CHARGE \$				
29. AMOUNT PAID \$					30. BALANCE DUE \$				
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)					32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)				
33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #					34. RESERVED FOR LOCAL USE				

Appendix 1A
National HCFA 1500 Claim Form (Completed)

APPROVED OMB-0938-0008

HEALTH INSURANCE CLAIM FORM									
<div style="display: flex; justify-content: space-between;"> <div> <div> <input type="checkbox"/> PICA </div> <div> <input type="checkbox"/> MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> CHAMPUS <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN (SSN or ID) <input type="checkbox"/> FECA BLK LUNG (SSN) <input type="checkbox"/> OTHER (ID) </div> </div> <div> <div> <input type="checkbox"/> (Medicare #) <input type="checkbox"/> (Medicaid #) <input type="checkbox"/> (Sponsor's SSN) <input type="checkbox"/> (VA File #) </div> <div> <input type="checkbox"/> (Medicare #) <input type="checkbox"/> (Medicaid #) <input type="checkbox"/> (Sponsor's SSN) <input type="checkbox"/> (VA File #) </div> </div> </div>									
1. MEDICARE MEDICAID CHAMPUS CHAMPVA GROUP HEALTH PLAN (SSN or ID) FECA BLK LUNG (SSN) OTHER (ID)					1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1) 1234567890				
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Recipient, Irma A.					3. PATIENT'S BIRTH DATE MM DD YY SEX MM DD YY M <input type="checkbox"/> F <input checked="" type="checkbox"/>				
5. PATIENT'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code) 55555 (XXX) XXX-XXXX					6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>				
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) OI-D					10. IS PATIENT'S CONDITION RELATED TO... a. EMPLOYMENT? (CURRENT OR PREVIOUS) <input type="checkbox"/> YES <input type="checkbox"/> NO b. AUTO ACCIDENT? PLACE (State) <input type="checkbox"/> YES <input type="checkbox"/> NO c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				
11. INSURED'S POLICY, GROUP OR FECA NUMBER					12. INSURED'S DATE OF BIRTH SEX MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>				
13. EMPLOYER'S NAME OR SCHOOL NAME					14. INSURANCE PLAN NAME OR PROGRAM NAME				
15. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, return to and complete item 9 a-d.					16. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED DATE				
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE					18. I.D. NUMBER OF REFERRING PHYSICIAN				
19. RESERVED FOR LOCAL USE					20. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY				
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1, 2, 3 OR 4 TO ITEM 24E BY LINE)					22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.				
23. PRIOR AUTHORIZATION NUMBER					24. DATE(S) OF SERVICE, PLACE OF SERVICE, TYPE OF SERVICE, PROCEDURES, SERVICES, OR SUPPLIES (EXPLAIN UNUSUAL CIRCUMSTANCES), CPT/HCPCS I MODIFIER, DIAGNOSIS CODE, \$ CHARGES, DAYS OR UNITS, EPST/ Family Plan, EMG, COB, RESERVED FOR LOCAL USE				
25. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (For gov. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO					28. TOTAL CHARGE 29. AMOUNT PAID 30. BALANCE DUE \$ XXXX \$ 0.00 \$ XX XX				
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) I.M. Authorized MM/DD/YY SIGNED DATE					32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office) I.M. Billing 1 W. Williams Anytown, WI 55555 PMS GRP# 76543218				

Appendix 2
National HCFA 1500 Claim Form Completion Instructions
for School Based Services

Use these claim form completion instructions to avoid denial or inaccurate claim payment. Enter all required data on the claim form in the appropriate element. Include attachments only when requested. All elements are required unless "not required" is specified.

Wisconsin Medicaid recipients receive an identification card when initially enrolled into Wisconsin Medicaid and at the beginning of each following month. Providers should always see this card before providing services. Please use the information exactly as it appears on the identification card to complete the patient and insured information.

Providers may also check Volume Eligibility on a monthly basis in lieu of seeing the card.

Element 1 - Program Block/Claim Sort Indicator

Enter claim sort indicator "M" in the Medicaid check box. Claims submitted without this indicator are denied.

Element 1a - Insured's I.D. Number

Enter the recipient's ten-digit identification number from the current identification card.

Element 2 - Patient's Name

Enter the recipient's last name, first name, and middle initial from the current identification card.

Element 3 - Patient's Birth Date, Patient's Sex

Enter the recipient's birth date in MM/DD/YY format (e.g., February 3, 1955, would be 02/03/55) from the current identification card. Specify if male or female with an "X."

Element 4 - Insured's Name (not required)

Element 5 - Patient's Address (not required)

Element 6 - Patient Relationship to Insured (not required)

Element 7 - Insured's Address (not required)

Element 8 - Patient Status (not required)

Element 9 - Other Insured's Name

Bill health insurance (commercial insurance coverage) before billing Wisconsin Medicaid, unless the service does not require health insurance billing. Refer to the Coordination of Benefits Material in Section III of this handbook for more information.

- ♦ Leave this element blank when the provider has not billed the health insurance because the "Other Coverage" of the recipient's identification card is blank, the service does not require health insurance billing or the recipient's identification card indicates "DEN" (dental insurance) only.
- ♦ When "Other Coverage" on the recipient's identification card indicates HPP, BLU, WPS, CHA, or OTH, and the service requires health insurance billing indicate one of the following codes in the *first* box of element 9. The description is not required, nor is the policyholder, plan name, group number, etc. (Elements 9a, 9b, 9c, and 9d are not required.)

Code	Description
OI-P	PAID in part by the health insurance. The amount paid by the health insurance to the provider or the insured is indicated on the claim.
OI-D	DENIED by the health insurance following submission of a correct and complete claim or payment was applied towards the coinsurance and deductible. Do NOT use this code unless the claim in question was actually billed to and denied by the health insurer.
OI-Y	YES, the card indicates health insurance but it was not billed for reasons including, but not limited to: <ul style="list-style-type: none">♦ recipient denies coverage or will not cooperate;♦ the provider knows the service in question is noncovered by the carrier;♦ health insurance failed to respond to initial and follow-up claim; or♦ benefits not assignable or cannot get an assignment.

- ♦ When "Other Coverage" on the recipient's identification card indicates "HMO" or "HMP", indicate one of the following disclaimer codes, if applicable:

Code	Description
OI-P	PAID by HMO or HMP. The amount paid is entered on the claim.
OI-H	HMO or HMP does not cover this service or the billed amount does not exceed the coinsurance or deductible amount.

Important Note: The provider may *not* use OI-H if the HMO or HMP denied payment because an otherwise covered service was not provided by a designated provider. Wisconsin Medicaid does not pay for services covered by an HMO or HMP except for the copayment and deductible amounts.

Element 10 - Is Patient's Condition Related to (not required)

Element 11 - Insured's Policy, Group or FECA Number (not required)

Elements 12 and 13 - Authorized Person's Signature

(Not required since the provider automatically accepts assignment through Wisconsin Medicaid certification.)

Element 14 - Date of Current Illness, Injury, or Pregnancy (not required)

Element 15 - If Patient has had Same or Similar Illness (not required)

Element 16 - Dates Patient Unable to Work in Current Occupation (not required)

Element 17 - Name of Referring Physician or Other Source (not required)

Element 17a - I.D. Number of Referring Physician (not required)

Element 18 - Hospitalization Dates Related to Current Services (not required)

Element 19 - Reserved for Local Use (not required)

Element 20 - Outside Lab (not required)

Element 21 - Diagnosis or Nature of Illness or Injury

Enter diagnosis code S11 (which means this is a school based service) unless the recipient has a medical status code of TR. When billing covered nursing services for a recipient with a TR medical status code, indicate the appropriate tuberculosis diagnosis code in Appendix 5 of this handbook.

Element 22 - Medicaid Resubmission (not required)

Element 23 - Prior Authorization (not required)

Element 24A - Date(s) of Service

Enter the month, day, and year for each procedure using the following guidelines:

- ♦ When billing for one date of service, enter the date in MM/DD/YY format in the "From" field.
- ♦ When billing for two, three, or four dates of service on the same detail line, enter the first date of service in MM/DD/YY format in the "From" field, and subsequent dates of service in the "To" field by listing *only* the date(s) of the month (e.g., DD, DD/DD, or DD/DD/DD).

It is allowable to enter up to four dates of service per line if:

- ♦ All dates of service are in the same calendar month.
- ♦ All services are billed using the same procedure code and modifier, if applicable.
- ♦ All procedures have the same type of service code.
- ♦ All procedures have the same place of service code.
- ♦ The same diagnosis is applicable for each procedure.
- ♦ The charge for all procedures is identical. (Enter the total charge *per detail line* in element 24F.)
- ♦ The number of services performed on each date of service is identical.
- ♦ All procedures have the same emergency indicator.

Element 24B - Place of Service

Enter place of service "0".

Element 24C - Type of Service Code

Enter the appropriate single-digit type of service code. TOS 1 should be used if you are being paid the statewide contract rate. If you are billing a district-specific cost-based rate, use TOS 9. Refer to Appendix 3 for allowable TOS codes.

Element 24D - Procedures, Services, or Supplies

Enter the appropriate five-character procedure code. Refer to Appendix 4 of this handbook for a list of allowable procedure codes for SBS services. For durable medical equipment (DME), submit a paper claim and attach the item name, model number or description, and the invoice, receipt or cost.

Element 24E - Diagnosis Code

When multiple procedures related to different diagnoses are submitted, use column E to relate the procedure performed (element 24D) to a specific diagnosis in element 21. Enter the number (1, 2, 3 or 4) which corresponds to the appropriate diagnosis in element 21.

Element 24F - Charges

Enter the total charge for each line. Examples: For schools using the statewide rate, multiply that rate by the number of SBS service units for each line. For schools using a district-specific rate, multiply that rate by the number of SBS service units on that line.

Element 24G - Days or Units

Enter the total number of services billed for each line. Indicate a decimal only when a fraction of a whole unit is billed. Providers should round to the nearest whole or half unit. Refer to Appendix 6 of this handbook for units of service.

Element 24H - EPSDT/Family Planning (not required)

Element 24I - EMG (not required)

Element 24J - COB (not required)

Element 24K - Reserved for Local Use (not required)

Element 25 - Federal Tax ID Number (not required)

Element 26 - Patient's Account No. (optional)

The provider may enter up to 12 characters of an internal office account number for tracking payments or other purposes. For example, a CESA may assign a different account number for each school district it bills for. This number appears on the Remittance and Status Report.

Element 27 - Accept Assignment (not required)

Element 28 - Total Charge

Enter the total charges for this claim.

Element 29 - Amount paid

Enter the amount paid by the health insurance. If the health insurance denied the claim, enter \$0.00. (If a dollar amount is indicated in element 29, indicate "OI-P" in element 9.)

Element 30 - Balance Due

Enter the balance due determined by subtracting the recipient spenddown amount in element 24K and the amount paid in element 29 from the amount in element 28.

Element 31 - Signature of Physician or Supplier

The provider or an authorized representative must sign in element 31. Also enter the month, day, and year the form is signed in MM/DD/YY format.

Note: This may be a computer-printed or typed name and date, or a signature stamp with the date.

Element 32 - Name and Address of Facility Where Services Rendered (not required)

Element 33 - Physician's, Supplier's Billing Name, Address, Zip Code and Telephone #

Enter the billing provider's name (exactly as indicated on the provider's notification of certification letter) and address. At the bottom of element 33, enter the billing provider's eight-digit provider number.

Appendix 3
Medicaid Allowable Type of Service (TOS) and
Place of Service (POS) Codes

SBS Type of Service (TOS) Codes

TOS	Description
1	Reimbursed at the statewide contract rate
9	Billing a district-specified cost-based rate

SBS Place of Service (POS) Codes

POS	Description
0	Other (School)

Appendix 4
Wisconsin Medicaid Allowable Procedure Codes

Speech-Language, Audiology and Hearing Services

- W6050 IEP Speech-Language, Audiology and Hearing Service: Individual
- W6051 IEP Speech-Language, Audiology and Hearing Service: Group
- W6052 Speech-Language, Audiology and Hearing Service: Face-to-Face M-Team Assessment and IEP Plan Development

Occupational Therapy Services

- W6053 IEP Occupational Therapy Service: Individual
- W6054 IEP Occupational Therapy Service: Group
- W6055 Occupational Therapy: Face-to-Face M-Team Assessment and IEP Plan Development

Physical Therapy Services

- W6056 IEP Physical Therapy Service: Individual
- W6057 IEP Physical Therapy Service: Group
- W6058 Physical Therapy: Face-to-Face M-Team Assessment and IEP Plan Development

Psychological Services

- W6059 IEP Psychological Service: Individual
- W6060 IEP Psychological Service: Group
- W6061 Psychological Service: Face-to-Face M-Team Assessment and IEP Plan Development

Counseling Services

- W6062 IEP Counseling Service: Individual
- W6063 IEP Counseling Service: Group
- W6064 Counseling Service: Face-to-Face M-Team Assessment and IEP Plan Development

Social Work Services

- W6065 IEP Social Work Service: Individual
- W6066 IEP Social Work Service: Group
- W6067 Social Work; Face-to-Face M-Team Assessment and IEP Plan Development

Nursing Services

- W6068 IEP Nursing Service: Care and Treatment
- W6069 Nursing Service: Face-to-Face M-Team Assessment and IEP Plan Development

M-Team Assessment and IEP Plan Development, By Other School Staff

W6070 Face-to-Face M-Team Assessment and IEP Plan Development, Other Staff

Durable Medical Equipment

W6072 Durable Medical Equipment (attach the item name, model number or description and the receipt, invoice and cost)

Special Transport

W6073 Special Transport, per mile

Appendix 5
Diagnosis Codes

Diagnosis Code	Description
S11	SBS services for individuals with a medical status code other than TR
One of the following codes must be billed for nursing services related to TB, for individuals with the TR medical status code.	
V01.1	Contact with or exposure to TB
V71.2	Observation for suspected TB
V72.5	Radiological examination, not elsewhere classified
V74.1	Special screening examination for pulmonary TB
010-018.9	TB
137-137.4	Late effects of TB
771.2	Congenital TB
795.5	Nonspecific reaction to TB skin test without active TB

Appendix 6
Service Units for School Based Services

These are the units of service to be used to bill the following services. Providers may bill fractional units of time, except for durable medical equipment. Providers should round to the nearest whole or half unit. All time is for face-to-face services with the child present in the course of providing the service.

Service	Unit
Speech-Language, Audiology and Hearing Services, Occupational and Physical Therapy, Psychological Services, Counseling Services, Social Work Services, IDEA Assessment and IEP Plan Development	15 minutes = 1 unit <i>face-to-face time with recipient only</i>
Nursing Services	10 minutes = 1 unit <i>face-to-face time with recipient only</i>
Durable Medical Equipment	1 piece of equipment = 1 unit
Special Transportation	1 mile = 1 unit

[illegible]

Appendix 8
Sample Authorization to Access Medicaid Funds

Dear Parents:

Under a recent change in law, your local school district may bill Wisconsin Medicaid (also called Medical Assistance and Katie Beckett) for covered services provided to Medicaid-eligible children enrolled in special education programs. These services include: nursing services, therapy services, special transportation, durable medical equipment, psychological services, counseling, social work services, and developmental testing and assessment. The intent of this new law is to return federal dollars to Wisconsin and provide funding for special education.

So that we may obtain Medicaid eligibility information and, if appropriate, file claims with Medicaid for reimbursement of services provided to your child, please complete and return one copy of this form in the self-addressed envelope that is included. Please keep the second copy for your files.

If you have questions, please contact me at: _____.

Sincerely,

name and title of school district contact person

(School districts should indicate on this form the information they intend to release to Medicaid.)

I, the undersigned, hereby request and authorize _____ to release to Medicaid the information indicated below: *school district*

- _____ Official student academic/administrative records (identifying information, grade level completed, grades, class rank, attendance records, and group aptitude and achievement test results)
- _____ Medical and/or related health records
- _____ Psychological evaluations and related reports
- _____ Appropriate agency reports
- _____ Individualized education program
- _____ Others (specify)

I understand that:

My consent to release this information is voluntary.
My refusal to consent will not result in denial or limitation of services for my child.
This permission is valid for one year from the date signed.
A copy of this form is as effective as the original.

Child's Name _____ Date of Birth _____

Parent's Signature _____ Date _____

Please Return to: _____

Appendix 9
Local Education Agency Certification of Matching Funds for
School Based Services Medicaid Reimbursement

I hereby certify that:

- Local funds not less than the amount of \$_____ for the fiscal year 19__ represent expenditures for Medicaid-covered services provided to Medicaid-eligible children, and consequently are eligible for federal financial participation under Title XIX of the Social Security Act;
- these local funds are not obligated to match other federal funds for any federal program; and
- these local funds are not federal funds, unless they are federal funds that are authorized by federal law to be used to match other federal funds.

Signature of Local Education Agency
Authorized Representative

Local Education Agency Name

Medicaid Provider Number

Appendix 10
Optional Worksheet for Determining Local Match

MEDICAID SCHOOL BASED SERVICES
OPTIONAL WORKSHEET FOR CALCULATION OF AVAILABLE LOCAL MATCHING EXPENDITURES

1 Name of School District or CESA _____

2 Medicaid provider number _____

3 For period Beginning _____ Ending _____

4 Date Prepared _____ Prepared by _____

In lieu of using lines 5 to 11, expense accounts can be listed and classified into the appropriated service categories on a separate worksheet and totals transferred to line 13 below.

Account Number (See Note Below)	Account Description	Speech	OT	PT	Psych. Counseling and Soc. Work	Dev. Testing	Nursing	Transportation	Durable Med Equipment
5		\$	\$	\$	\$	\$	\$	\$	\$
6									
7									
8									
9									
10									
11									
12	If more space needed, enter totals from additional sheet								
13	Direct cost for categories of services (total from financial records)	\$	\$	\$	\$	\$	\$	\$	\$
14	Subtract: Federally reimbursed cost. (from financial records)								
15	Net direct cost (Line 13 - 14)	\$	\$	\$	\$	\$	\$	\$	\$
16	Indirect cost percentage: Statewide Rate	%	%	%	%	%	%	%	%
16a	Indirect cost percentage: LEA Indirect Rate (attach worksheet)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
17	Indirect cost calculated (Line 15 x 16 or 16a)	\$	\$	\$	\$	\$	\$	\$	\$
18	Total direct cost and indirect cost (Lines 15 + 17)	\$	\$	\$	\$	\$	\$	\$	\$
19	Units of service provided all students. (from school records)								
20	Direct and indirect cost per unit of service. (Line 18/19)	\$	\$	\$	\$	\$	\$	\$	\$
21	Units of service provided to Medicaid recipient students								
22	Total cost for Medicaid (Line 20 x 21)	\$	\$	\$	\$	\$	\$	\$	\$
23	Required district match percentage	%	%	%	%	%	%	%	%
24	Expenditures Available for matching Federal Medicaid funding	\$	\$	\$	\$	\$	\$	\$	\$
25	Description of proration bases used at lines 19 and 21								

Sum of Line 22 Columns

23 Required district match percentage

24 Expenditures Available for matching Federal Medicaid funding

(This is the amount to be entered on certification statement)

25 Description of proration bases used at lines 19 and 21

Face-to-face units 15 min = 1 unit	Face-to-face units 15 min = 1 unit	Face-to-face units 15 min = 1 unit	Face-to-face units 15 min = 1 unit	Face-to-face units 10 min = 1 unit	Miles	Cost of Equipment

33 Note on Account Numbers. At the option of the district or CESA, those accounts to which expenses are charged that are directly assignable to services provided to Medicaid recipient students can be assigned a unique project account code for identification.

Appendix 11
Electronic Media Claims (EMC) Screen

WELCOME TO ELECTRONIC CLAIMS SUBMISSION DATE 010193
EDS - WISCONSIN MEDICAID

BP NBR 33 L NAME 2 F NAME 2 MID 1A
PCN 26 OI 9 TPL 10 MSC 11 PA NBR 23
RP NBR 17 FP NBR 32 OP NBR
DIAG 1 21.1 2 21.2 3 21.3 4 21.4 5 21.5

DTL	FDOS	A1A2A3	POS	PROC	M1	M2	PP NBR	DX	CHARGE	UNIT	TOS	EMG	H/F
1	<u>24.3</u>	<u>A</u>	<u>B</u>	<u>D</u>	<u>D</u>	<u>D</u>	<u>K</u>	<u>E</u>	<u>F</u>	<u>G</u>	<u>C</u>	<u>I</u>	<u>H</u>
2	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
3	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
4	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
5	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
6	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
7	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
8	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
9	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
10	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

TOT BILL 28 OI PAID 29 PAT PAID 24.K NET BILL 30

Doc #1 Page #1 Field #6

Form: MEDVENDR

01-01-1993 10:17:35

BENEFITS OF ELECTRONIC BILLING

One of the greatest benefits of electronic billing is that less information is required for processing. Less information means less room for error. The data elements that are not required on electronic claims include:

- claim indicator
- patient's date of birth
- patient's address
- patient's sex
- signature of provider
- provider's name and address

Other benefits of billing electronically include:

- free software
- improved cash flow
- lower detail denial rate
- flexible submission methods
- claim entry controlled by provider
- online edits

To request more information on electronic claims submission contact the Electronic Media Claims (EMC) Department at the address located in Section 3 of this handbook, or fill out the Electronic Information Request Form (Appendix 13) located at the back of this handbook.

Appendix 12
Electronic Media Claims (EMC) Screen (Completed)

WELCOME TO ELECTRONIC CLAIMS SUBMISSION
EDS - WISCONSIN MEDICAID

DATE 010193

BP NBR 12345678 L NAME Recipient (Up to 12 ch.) F NAME Im MID 1234567890
PCN 1234JED OI D TPL MSC PA NBR
RP NBR FP NBR OP NBR
DIAG 1 1234 2 5678 3 4 5

DTL	FDOS	A1A2A3	POS	PROC	M1	M2	PP NBR	DX	CHARGE	UNIT	TOS	EMG	H/F
1	<u>010196</u>	<u>0203</u>	<u>0</u>	<u>W6020</u>	<u> </u>	<u> </u>	<u> </u>	<u>1</u>	<u>12345</u>	<u>400</u>	<u>1</u>	<u> </u>	<u> </u>
2	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
3	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
4	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
5	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
6	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
7	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
8	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
9	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
10	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

TOT BILL 12345 OI PAID 000 PAT PAID NET BILL 12345

Doc #1 Page #1 Field #6

Form: MEDVENDR

01-01-1993 10:17:35

Appendix 13
Wisconsin Medicaid
Electronic Information Request Form

The Wisconsin Medicaid Program offers many different methods for submitting your Medicaid claims electronically. All of this information is available for downloading from the EDS bulletin board system (EDS-EPIX). By downloading you will be able to obtain this information within minutes at your convenience. Please refer to Appendix 14 of this handbook for the "Quick Guide to Obtaining Medicaid Electronic Claim Information" to assist you with the downloading process.

_____ **ECS (Electronic Claim Submission)** EDS supplies free software that runs on a stand alone IBM compatible computer and uses a Hayes compatible modem. The electronic record layouts are also available to create your own data files containing Wisconsin Medicaid claim information.

_____ 3 1/2" diskette _____ 5 1/4" diskette

_____ **3780 Protocol** 3780 protocol is an IBM communication protocol that enables mini or mainframe computers to send claim data files to EDS.

_____ **Magnetic Tape** Providers with the capability to create their claim information on tape can submit those tapes to EDS. EDS also provides Remittance Advice Information on magnetic tape.

_____ **MicroECS** MicroECS allows providers to send their data files to EDS using most basic telecommunication packages with any one of six protocols available, and accepts line speeds up to 14,400 bps.

_____ **Reformatter** The Reformatter is software designed for EDS that enables providers to enjoy the benefits of electronic billing without making costly changes to their existing billing system. Instead of printing claims on paper, claims are printed to a data file on a personal computer and transmitted to EDS. EDS reformats the data into the required electronic record format and brings the claims into the Wisconsin Medicaid processing system.

_____ Please send me additional information on EDS' bulletin board system (EDS-EPIX).

If you are unable to download and would like information on electronic claim submission, please check off the above method(s) you are interested in and complete the following:

Name: _____ Provider Number: _____

Address: _____ Type of Service: _____

_____ Contact Person: _____

_____ Phone Number: _____

Please return to: EDS
6406 Bridge Rd.
Madison, WI 53784-0009
(608) 221-4746

Appendix 14 Quick Guide to Obtaining Medicaid Electronic Claim Information

This is a quick guide to retrieving and installing EDS' Electronic Claim Submission software using EDS-EPIX.

1. If you wish to obtain EDS Software, create a subdirectory on your hard drive for your Electronic Claim Submission software called "EDS". At the DOS command prompt type:

```
C:          <Enter>
CD\         <Enter>
MD EDS     <Enter>
```

2. Set up your communication software to dial EDS-EPIX. You may need to program your software to dial with the following settings:

Phone Number:	(608) 221-4746	Stop Bits:	1
Baud Rate:	9600 (maximum)	Duplex:	Full
Parity:	None	Protocol:	XMODEM (recommended)
Data Bits:	8	Terminal Emulation:	ANSI

3. Dial into EDS-EPIX. When you go through this initial logon, we recommend you select Xmodem/CRC as your default protocol.
4. Select option "F" (File Directories) from the main menu and then view the "ECS Software and Manuals for New Users" or the "Record Layout and Manual Updates" directory. Choose the name of the file you need to download. If you need help deciding which file you need, go back to the main menu and view Bulletin #2 or #3 for more information. When you have chosen a file, write down the file name (you will need it to download).
5. Select option "D" (Download a File) from the main menu, and type the file name you chose in step 4. Next, follow the download instructions in the user manual for your communications software package. This basically involves telling your communications software package that you wish to "Receive a File", choosing a transfer protocol, and specifying the name and directory path of the file. If you fail to specify the directory path with the file name, the file will be downloaded into the default download directory for your communications software.
6. When you have downloaded your file, select "G" (Goodbye) to end your EDS-EPIX session, quit your communication software, and return to DOS.
7. Go to the subdirectory you specified in your path and look for your download file. It should be listed when you list the directory.
8. If the download file is in the directory, you will need to decompress the file. At the DOS command prompt type the name of the download file without the ".EXE" extension. For example, for School Based Services software, at the DOS command prompt type:

```
MEDVNDRU    <Enter>
```

9. This will extract your software and manual(s).